

CONSTRUCTION WORK AUTHORIZATION

DATE: _____

TOP PORTION FILLED OUT BY CONSTRUCTION OR PROJECT MANAGEMENT PERSONNEL

☐ PRECONSTRUCTION
☐ CONSTRUCTION

Rev. _____

TITLE OF PROJECT: _____

PROJECT #: _____ START DATE: _____ ESTIMATED COMPLETION DATE: _____

SPECIFIC LOCATION OF PROJECT: _____

SUBCONTRACTOR(S) PERFORMING WORK: _____

CONSTRUCTION OR PROJECT MANAGER: _____ PHONE/PAGER: _____ / _____

CONSTRUCTION OR PROJECT COORD.: _____ ENGINEER: _____

WORK PHONE: _____ WORK PHONE: _____

HOME PHONE: _____ HOME PHONE: _____

PAGER/RADIO: _____ / _____ PAGER/RADIO: _____ / _____

DESCRIPTION OF WORK AND ASSOCIATED HAZARDS: _____

FREQUENCY OF VERBAL NOTIFICATION:

☐ MONTHLY ☐ OTHER: _____

RECOMMENDATIONS/OTHER DOCUMENTS: _____

BOTTOM PORTION FILLED OUT BY FACILITY, AREA, OR SHIFT MANAGEMENT PERSONNEL

HAZARDS AND SAFETY INSTRUCTIONS AND RESTRICTIONS: _____

FACILITY, AREA, OR SHIFT MANAGEMENT APPROVAL: _____ DATE: _____

VERBAL NOTIFICATION REQUIRED TO (TITLE/NAME): _____

(PHONE): _____

FREQUENCY OF VERBAL NOTIFICATION:

☐ MONTHLY ☐ OTHER: _____

OPERATIONS OR SHIFT MANAGEMENT APPROVAL: _____ DATE: _____

432.30#
04-97
Rev. #01

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CONSTRUCTION OR PROJECT MANAGEMENT
APPROVAL:

DATE:
